In re	Gary M. Massey Jacqueline E. Massey	According to the calculations required by this statement: The applicable commitment period is 3 years.
Case N	Debtor(s)	☐ The applicable commitment period is 5 years. ☐ Disposable income is determined under § 1325(b)(3).
	(If known)	■ Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	COM	IE .				
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
1	a. 🗖	Unmarried. Complete only Column A ("Deb	tor	s Income'') for Li	nes 2	2-10.				
	b. ■	Married. Complete both Column A ("Debto	r's l	Income") and Col	umn	B ("Spouse's Incor	ne'')	for Lines 2-10		
		gures must reflect average monthly income rec			Column A		Column B			
		dar months prior to filing the bankruptcy case			Debtor's		Spouse's			
	the filing. If the amount of monthly income varied during the six months, you must divide the							Income		Income
	six-month total by six, and enter the result on the appropriate line.							meome		Пеоте
2	Gross wages, salary, tips, bonuses, overtime, commissions.						\$	0.00	\$	2,558.00
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.									
	_	Construction	\$	Debtor 0.00	ф	Spouse 0.00				
	a. b.	Gross receipts Ordinary and necessary business expenses	\$	0.00		0.00				
	c.	Business income		btract Line b from			\$	0.00	\$	0.00
4		oppropriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b	as a	a deduction in Par Debtor	t IV	Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00	_		_	
	c.	Rent and other real property income	Sı	btract Line b from	Line	e a	\$	0.00	\$	0.00
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
6	Pensi	ion and retirement income.					\$	190.24	\$	0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						\$	0.00	\$	0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 550.00					S	0.00	¢	0.00	

9	Income from all other sources. Specify source and on a separate page. Total and enter on Line 9. Do maintenance payments paid by your spouse, but i separate maintenance. Do not include any benefit payments received as a victim of a war crime, crime international or domestic terrorism.						
	a. \$	Debtor	Spouse \$				
	a.		\$ \$		\$ 0.0	0 \$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if C in Column B. Enter the total(s).	Column B is complete	ed, add Lines 2 th	rough 9	\$ 190.2	4 \$	2,558.00
11	Total. If Column B has been completed, add Line 1 the total. If Column B has not been completed, enter	0, Column A to Line er the amount from Li	10, Column B, ar ne 10, Column A	nd enter	\$		2,748.24
	Part II. CALCULATION	OF § 1325(b)(4)	COMMITM	ENT P	ERIOD		
12	Enter the amount from Line 11					\$	2,748.24
13	Marital Adjustment. If you are married, but are no calculation of the commitment period under § 13250 enter on Line 13 the amount of the income listed in the household expenses of you or your dependents a income (such as payment of the spouse's tax liability debtor's dependents) and the amount of income devo on a separate page. If the conditions for entering the a. b. c. Total and enter on Line 13	(b)(4) does not requir Line 10, Column B thand specify, in the line y or the spouse's supported to each purpose.	e inclusion of the nat was NOT paid es below, the basi ort of persons oth If necessary, list	income of the in	of your spouse, gular basis for luding this he debtor or the	\$	0.00
1.4		14				D	
14	Subtract Line 13 from Line 12 and enter the resu					\$	2,748.24
15	Annualized current monthly income for § 1325(b) enter the result.)(4). Multiply the arr	ount from Line 1	4 by the	number 12 and	\$	32,978.88
16	Applicable median family income. Enter the media information is available by family size at www.usdo						
	a. Enter debtor's state of residence: MI	b. Enter deb	tor's household si	ze:	2	\$	52,621.00
17	Application of § 1325(b)(4). Check the applicable of the amount on Line 15 is less than the amount top of page 1 of this statement and continue with the amount on Line 15 is not less than the amount at the top of page 1 of this statement and continue.	t on Line 16. Check this statement. ount on Line 16. Ch	the box for "The eck the box for "				
	Part III. APPLICATION OF § 133	25(b)(3) FOR DETE	RMINING DIS	POSABI	E INCOME		
18	Enter the amount from Line 11.					\$	2,748.24
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.						
	Total and enter on Line 19.	1 .				\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract	ct Line 19 from Line	18 and enter the r	esult.		\$	2,748.24
						4	_,, -0.2-

21		dized current monthly inc ne result.	come for § 1325(b)(3). N	Multip	ly the a	mount from Line 2	0 by the number 12 and	\$	32,978.88
22	Applic	able median family incom	ne. Enter the amount from	m Lin	e 16.			\$	52,621.00
Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is der 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income i 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete								t detern	nined under §
	Part IV. CALCULATION OF DEDUCTIONS FROM INCOME								
		Subpart A: D	eductions under Star	ndar	ds of th	ne Internal Reve	nue Service (IRS)		
24A	Enter i applica bankru	nal Standards: food, appar n Line 24A the "Total" amable number of persons. (T ptcy court.) The applicable r federal income tax return.	ount from IRS National his information is availate number of persons is the	Standable at the standard	ards for www.unber tha	Allowable Living asdoj.gov/ust/ or from twould currently be	Expenses for the om the clerk of the e allowed as exemptions	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						onal Standards for able at cable number of persons o are 65 years of age or ory that would currently ional dependents whom and enter the result in and enter the result in Line		
	Perso	ns under 65 years of age	_	Persons 65 years of age or older					
	a1.	Allowance per person		a2.	Allow	ance per person			
	b1.	Number of persons		b2.	Numb	er of persons			
	c1.	Subtotal		c2.	Subtot	al		\$	
25A	Utilitie availab the nui	Standards: housing and uses Standards; non-mortgage ble at www.usdoj.gov/ust/ on that would currently buttonal dependents whom	e expenses for the applic or from the clerk of the b oe allowed as exemption	able c ankru	ounty a ptcy co	nd family size. (Thurt). The applicable	nis information is e family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense Subtract Line b from Line a. \$								
		Standards: housing and u		you c	ontend	•		•	
26	25B do Standa	oes not accurately compute rds, enter any additional an tion in the space below:	the allowance to which	you a	re entitl	ed under the IRS H	Iousing and Utilities	\$	
							1		

27A	Local Standards: transportation; vehicle operation/public transpo expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 7. 0	expenses of operating a vehicle and ses or for which the operating expenses are				
	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	unt from IRS Local Standards: "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$			
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gc court.)	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$			
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
29	the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ Average Monthly Payment for any debts secured by Vehicle					
	b. 2, as stated in Line 47c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$			
33	Other Necessary Expenses: court-ordered payments. Enter the total pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$			
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$			
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts.	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$			

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
38	Total	Expenses Allowed under IRS Standards. Ente	r the total of Lines 24 through 37.	\$		
	L	Subpart B: Addition	onal Living Expense Deductions			
		-	penses that you have listed in Lines 24-37			
		egories set out in lines a-c below that are reasona	Savings Account Expenses. List the monthly expenses in ably necessary for yourself, your spouse, or your			
39	a.	Health Insurance	\$			
	b.	Disability Insurance	\$			
	c.	Health Savings Account	\$			
	Total a	and enter on Line 39		\$		
	If you below:		your actual total average monthly expenditures in the space			
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary					
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable					
	170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.					

		Subpart C: Deductions for	Debt Payme	nt					
47									
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance								
	a.		\$ Total: Add	☐yes ☐no	\$				
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in								
	Name of Creditor	Property Securing the Debt	\$	60th of the Cure Amount					
	a.		φ	Total: Add Lines	\$				
49	priority tax, child support and a	rity claims. Enter the total amount, divid alimony claims, for which you were liable as, such as those set out in Line 33.			\$				
	Chapter 13 administrative ex resulting administrative expens	penses. Multiply the amount in Line a by e.	the amount in L	ine b, and enter the					
50	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b								
51	Total Deductions for Debt Pa	yment. Enter the total of Lines 47 through	h 50.		\$				
		Subpart D: Total Deduction	s from Incor	ne					
52	Total of all deductions from i	ncome. Enter the total of Lines 38, 46, ar	d 51.		\$				
	Part V. DETE	RMINATION OF DISPOSABLE	E INCOME	UNDER § 1325(b)(2	(3)				
53	Total current monthly income	e. Enter the amount from Line 20.			\$				
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability								
55		ons. Enter the monthly total of (a) all amorphisms ified retirement plans, as specified in § 54 specified in § 362(b)(19).			\$				
56	Total of all deductions allowe	d under § 707(b)(2). Enter the amount for	om Line 52.		\$				

	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.							
57		Nature of special circumstances	Am	ount of Expense				
	a.		\$					
	b.		\$					
	c.		\$					
			Tot	al: Add Lines	\$			
58	Tota resul	adjustments to determine disposable income. Add the amounts or	Lines	54, 55, 56, and 57 and enter the	\$			
59	Mon	hly Disposable Income Under § 1325(b)(2). Subtract Line 58 from	Line 5	3 and enter the result.	\$			
		Part VI ADDITIONAL FYPE	NCF	CLAIMS				

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60

61

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
d.		\$
	Total: Add Lines a, b, c and d	\$

Part VII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: **April 15, 2013** Signature: /s/ Gary M. Massey

Gary M. Massey (Debtor)

Signature /s/ Jacqueline E. Massey Date: April 15, 2013

Jacqueline E. Massey (Joint Debtor, if any)